include a space about 7 to 8 mm, in breadth and in length sufficient, when turned down to rest slightly upon the end of the previously freshened remains of the injured septum, and extend to the septum extremity of the flap. The integumentary portion of the flap should be calculated, as in the older operations, to the particular requirements of each case. A convenient method of fixing the boundaries of the osteo-periosteal portion of the flap is to drive a row of fine pointed pins along them, through the skin, prior to loosening the latter at the edges. A narrow groove of the proper depth having outlined the portion of bone designed for the bony bridge and septum of the new nose, this is lifted up, still attached by its periosteum to the skin, and the point marked where the bridge and septum should join each other, *i. e.*, where the point of the nose is to be formed. At this point the strip of bone is fractured, the periosteal attachments of the latter to the skin being still preserved the lower fragment of bone thus forming the septum when turned directly backward, whilst the other with its upper extremity resting on the remains of the original septum, and its lower joined by periosteum to the lower fragment (articulating with it, as it were), forms the new bony bridge. They are secured in place by means of buried sutures, while the rest of the nose is fashioned in the usual manner by the integumentary portion of the flap.

The dimensions of the bony and periosteal portions of the flap as here given should be rather exceeded than otherwise, inasmuch as considerable shrinking of the same will occur. To avoid an unsightly hump at the point where the new bony ridge rests upon the old one, the periosteum in the flap, at this point, should extend slightly beyond the limits of the strip of bone.—*Wien. klin., Woch.*, No. 2, 1888.

G. R. FOWLER (Brooklyn.)

IV. Treatment of Empyema of the Antrum of Highmore after Mikulicz's Method. By Dr. LINK (Cracow, Galicia, Austria).—At the Fifteenth Congress of German Surgeons (April, 1886), Professor Mikulicz, of Cracow, described a new plan of treatment of suppuration of Highmore's antrum, devised by himself, consisting in establishing a free communication between the latter and

the nasal cavity, by means of a special conically shaped knife. In addition to this means for securing a free issue for pus, he subsequently washed out the antrum by means of a syringe with a bent nozzle. Recently Dr. Link published his two cases where a complete cure had been obtained by Mikulicz's puncture of the antrum with subsequent irrigation. From these cases of his Dr. Link draws the conclusion that Mikulicz's plan is by far better than Stoerk's. The natural nasal orifice of the antrum can be reached by a syringe but with difficulty; besides it is situated too high up to allow a thorough reflux of the pus accumulated in the cavity. The author recommended, further, to perform percussion of the antrum for diagnostic purposes. He takes a smooth cylindrical wooden stick of the size of a finger, fixes one of its ends at the hard palate just above the second molar, and taps with a finger on the other end. When Highmore's cavity is empty, a full resonant tone is heard. When the antrum contains pus or a solid foreign body (or, for the sake of an experiment, water), the percussion sound becomes dull. A closure of the corresponding nostril is said to manifest no influence on the pitch of the tones.—*Przeglad Lekarski* (Cracow, Poland), Feb 4, 1888.

V. IDELSON (Berne.)

V. Case of Total Extirpation of the Larynx for Epithelioma. By WM. GARDNER, M. D. (Adelaide, Australia.) A man æt. 62, without syphilitic taint, presented a tumor of the larynx which was found to be epitheliomatous upon examination of a piece removed with the laryngeal forceps, and the following operation was performed. An incision was made in the median line, from the hyoid bone to the second ring of the trachea, and the tissues were gradually dissected back from the sides of the larynx. On the right side, the superior cornu of the hyoid bone was dissected out, and the left was cut through at the base, as the light was bad on that side of the patient. The fascia attached to the thyroid cartilage was set free without dividing the thyro-hyoid membrane. Pressure forceps were applied to all bleeding points, and general oozing was reduced by the application of hot sponges. The trachea was then divided between the cricoid